



OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2018-BDAS-05-INTEG

No.	Question	Answer
1.	General: One month is a very short time for us and potential clinical partners to evaluate readiness and confirm interest in participating in this work. Is it possible to change the due date of the proposal thirty (30) days in order to allow more meaningful discussions with potential partners, improve accuracy of budgeting, and have greater levels of partner commitment to proposed projects?	The Department has allowed for an additional fifteen (15) business days for submission of the proposal. The due date will be October 16, 2017.
2.	General: Does the RFP allow for a project planning period? Especially given the short RFP proposal deadline, we are unlikely to get more than preliminary commitments from partners. We anticipate needing to spend three (3) months creating more detailed agreements with partners, identifying their assets and gaps, and designing site-specific implementation plans prior to initiation of services.	The Department will allow for a three month planning period effective upon G&C approval of the contract.
3.	General: We have questions about usefulness and definitions of some of the specific outcome measures. If chosen as a contractor, we would prefer to be able to review these with DHHS to confirm, modify, and adapt appropriate measures. If awarded, is there room for negotiation of some of these measures post-award?	Several of the measures identified are required to be reported on per the funding opportunity these resources are available from. Where possible, the Department will work with the vendor to adapt reporting requirements so long as they are not required and/or specifically chosen to align with other Department funded initiatives.
4.	General: Does NH DHHS anticipate that practices should be fully self-sustaining by the end of the contract period? If need still exists and payment systems are not self-sustaining, is there likely to be a future in state funding for this work? We know all federal and state funding is uncertain; we are concerned that practices will be skeptical about taking on new integrated MAT services if they think it likely they may not be able to afford them in 3-4 years.	The funds available under this opportunity were awarded to New Hampshire under the 21 st Century Cures Act for a two-year period. As is the standard with Department funding, additional funding cannot be guaranteed. The Department considers the outcomes and impact of all state-funded programs and considers these factors when determining funding priorities, along with needs identified for services through a strategic planning process.



New Hampshire Department of Health and Human Services
Integrated Medication Assisted Treatment for
Pregnant and Postpartum Women

No.	Question	Answer
5.	General: We currently operate these services associated with our own practice with no funding to support them. Can we use a portion of these funds to support unfunded work we currently undertake?	These funds cannot be used to supplant existing efforts where funding is already available but can be used to enhance or support them.
6.	General: To what degree do the funds need to be used for direct services to the patients vs. consultation services to the providers in the community (are there any parameters set for this)?	The Department expects that at least two hundred forty-four (244) patients are served over the two (2) year period using these funds. Where funds are not being used to provide direct services, the Department expects to see justification for use of those funds and the expected impact of such activities.
7.	General: What learning collaboratives will the state be proposing to lead (and timeframe)?	The Department is funding several pilots under this funding opportunity and will be identifying training needs based on vendor feedback and input over the course of the project implementation period. The vendor selected for this project will also be required to participate in the state established MAT Community of Practice, which intends to meet at least quarterly either in-person or via webinar.
8.	Section 3.2.3: Regarding the requirement to get care within forty-eight (48) hours - how is care defined?	Care is defined as recovery support services or services with a lower ASAM Level of Care, under this contract or by referral to an agency that has an earlier available opening in the client's service area.
9.	Section 3.8, Performance Measures: More specific details are needed about these targets and how they will be measured. Many appear hard to measure and difficult to fully implement based on start date of overall contract and program implementation	Several of the measures identified are required to be reported on per the funding opportunity these resources are available from. Where possible, the Department will work with the vendor to adapt reporting requirements so long as they are not required and/or specifically chosen to align with other Department funded initiatives.